



Corres. and Mail

BOX AF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

750-146

1205 #10

application of)
 Gary D. HODGEN et al.) Group Art Unit: 1205
 Serial No.: 08/462,703) Examiner: K. Jordan
 Filed: June 5, 1995)

Received MAY 15 1996 Group 1200

For: ANTIPROGESTIN METHOD AND KIT FOR REDUCING SIDE EFFECTS ASSOCIATED WITH LOW DOSAGE HRT, ORAL CONTRACEPTION AND REGULATING MENSES

SUBMISSION UNDER 37 CFR 1.129

Assistant Commissioner for Patents Washington, D. C. 20231

SIR:

Applicants hereby request entrance of the accompanying submissions under Rule 129. The amount of \$750.00 for such entrance is included in the attached check.

Respectfully submitted,

Anthony J. Zelano (Reg. No. 27,969) Attorney for Applicants

MILLEN, WHITE, ZELANO & BRANIGAN, P.C. Arlington Courthouse Plaza I 2200 Clarendon Boulevard, Suite 1400 Arlington, Virginia 22201 (703)812-5311

Filed: May 8, 1996

[SCH 1309 C3]

P:\data\wp\pkd\slf\sc1309c3.sub

290 JJ 05/10/96 08462703 1 146 750.00 CH O/K Refund \$1750- BP



LAW OFFICES
MILLEN, WHITE, ZELANO & BRANIGAN, P.C.
ARLINGTON COURTHOUSE PLAZA I
SUITE 1400
2200 CLARENDON BOULEVARD
ARLINGTON, VIRGINIA 22201

TELEPHONE: (703) 243-6333
CABLE: USALAW INT'L TELEX: 64191
TELECOPIER: (703) 243-6410

Atty's Docket No. SCH 1309 C3

In re application of Gary D. HODGEN et al.
Serial No. 08/462,703
Filed June 5, 1995

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ Verified statement(s) to establish small entity status under 37 CFR 1.9 and 1.27 enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 67	MINUS	** 41	= 26	x \$22	\$ 572.00
INDEP. CLAIMS	* 10	MINUS	*** 5	= 5	x \$78	\$ 390.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 962.00

- * If entry in Col. 2 is less than entry in Col. 4, write "0" in Col. 5.
** If "Highest No. Previously Paid For" in this space is less than 20, write "20" in this space.
*** If "Highest No. Previously Paid For" in this space is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 2 of a prior amendment or the number of claims originally filed.

- ☒ The amount of \$ 962.00 is included in the attached check.
- ☐ Please charge my Deposit Account No. 13-3402 in the amount of \$ _____.
Two copies of this sheet are attached for this purpose.

Applicant(s) request(s) that the time for taking action in this case be extended pursuant to 37 C.F.R. §1.136(a).

- ☐ Included in the attached check is the statutory fee of \$ _____ for an extension of time of _____ month(s).
- ☒ If the box for the sentence immediately above is marked but no check is attached, then charge the statutory fee recited in such sentence for an extension of time of the number of months recited in such sentence to Deposit Account No. 13-3402. Two copies of this sheet are attached for this purpose.
- ☐ Charge the Statutory Fee of \$ _____ for an extension of time of _____ month(s) to Deposit Account No. 13-3402. Two copies of this sheet are attached for this purpose.
- ☒ The Commissioner is hereby authorized to charge any deficiencies in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3402.
- ☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,
MILLEN, WHITE, ZELANO & BRANIGAN, P.C.

DATE: May 8, 1996

BY: Anthony J. Zelano (Reg. No. 27,969)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-28-96</u>		2 Serial/Patent # <u>08/462703</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	10	5-8-96	\$ 750							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 750								
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> </tr> </table>			1	3	--	3	4	0	2
1	3	--	3	4	0	2					
<i>Fee not necessary</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Legal Int. Fin.</u>									
SIGNATURE: <u>KC Creasy</u>		PHONE: <u>305-8859</u>									
OFFICE: <u>OAC for Patents</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Bill Phillips</u>		DATE: <u>7-10-96</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME**, **TITLE**, **PHONE NUMBER**, **OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

COPIES:	WHITE:	<i>Attach to the official file.</i>
	YELLOW:	<i>Attach to the official file.</i>
	PINK:	<i>Retain for originating office.</i>

Mail or hand-carry the completed form with attachment(s) to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

7/6

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
C	300	1	08462703	00067	950605	950622	101	1,344.00
C	020	1	08462703	00069	960118	960119	115	110.00
C	290	1	08462703	00098	960508	960510	141	1,250.00
C	290	1	08462703	00099	960508	960510	146	750.00
C	290	1	08462703	00100	960508	960510	103	572.00
C	290	1	08462703	00100	960508	960510	102	390.00

NO MORE TRANSACTIONS

END OF YOUR QUERY